



# UHC Operation Gelding Program - CLINICS Participant Registration & Liability Waiver

*All stallions must be in good health, clean, and equipped with a well-fitted halter and a sturdy lead. The stallion's health, vaccination and de-worming records must be presented the day of the clinic. The clinic veterinarian reserves the right to refuse to perform the procedure on any stallion not fit for surgery.*

Owner's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

My horse(s) is/are:  housed on my personal property       boarded at another property

If the horse(s) is/are on your own property, are there other stallions on the property?  Yes  No

Please list all male equines to be castrated through this program. Use the back of this form if needed.

STALLION'S NAME	AGE	BREED	Registered Name; Brand/Tattoo Info*	# Foals Sired

Veterinarian's Name / Practice Name: \_\_\_\_\_

City / State: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Funding for registered horses is provided by various breed registries. Write "NA" for a horse not registered.*

### PHOTO RELEASE

By participating in this program, I authorize the host organization, Operation Gelding and its representatives the right to use and publish photographs of me and/or my horse. I understand that these photos will be used for educational and promotional purposes, related to Operation Gelding and the Unwanted Horse Coalition, only. I hereby release Operation Gelding and its representatives from all claims and liability relating to photographs used for any purpose.

**LIABILITY WAIVER**

I authorize the veterinarians associated and working with Operation Gelding to perform a castration procedure, using anesthetics, on my stallion(s). By signing below, I understand that the participating veterinarians are not able to perform a pre-operative diagnostic evaluation on each participating stallion and that there is a risk involved with anesthesia, including unexpected death. I hereby consent that the procedure may be performed by veterinary students while under supervision of the licensed veterinarian.

Operation Gelding veterinarians and/or the host organization reserve the right to refuse to perform a castration, or any other procedure, on a stallion. I am aware that I will be responsible for all post-castration costs and care of the stallion(s) listed on page 1 of this document.

It is the purpose of this waiver to exempt the Operation Gelding host organization, the Unwanted Horse Coalition, the American Horse Council, representatives of listed organizations, other sponsors, veterinarians, veterinary students, technicians or volunteers of all liability for personal injury, property damage, death or complications the horse may experience from the castration or other procedures performed.

The undersigned declares that the previously stated terms and waiver, including the information on page one (1) of this document, have been completely read and understood.

***ONLY SIGN this form in the presence of Operation Gelding Clinic personnel***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:	Date of Clinic: _____
Witness Name: _____	
Witness Signature: _____	Date: _____
Notes: _____	
<i>It is recommended that host organizations retain a copy of this form in their records for at least 3 years. The UHC will retain copies for 5 years. Records can be requested in writing.</i>	

*Use this space after completing the table on the front (for stallions 1-5).*

STALLION'S NAME	AGE	BREED	Registered Name; Brand/Tattoo Info*	# Foals Sired